



ARIZONA DEPARTMENT OF
ENVIRONMENTAL QUALITY
UST SECTION
1110 WEST WASHINGTON STREET
PHOENIX, ARIZONA 85007-2935
(602) 771-4316
TOLL-FREE (800) 234-5677 EXT. 771-4316

APPLICATION FOR TANK SERVICE PROVIDER CERTIFICATION

Please type or print in black ink

1. Type of Application (Please check one)

☐ a. New Application

☐ b. Renewal

☐ c. Changes to an Existing Application

2. Applicant Information

Legal Name

Home Address

City

State

Zip Code

County

Home Telephone Number (Include Area Code)

3. Employer Information

Firm Name

Home Office Mailing Address

Applicant's Job Title

City

State

Zip Code

County

Employer Telephone Number (Include area code)

Fax Number

4. Category of Certification

(Only one category per application)

☐ Installation and Retrofit

☐ Tightness Testing

☐ Cathodic Protection Testing

☐ Decommissioning

☐ Interior Lining

5. International Code Council (ICC) Certification

Effective date of ICC certification: _____

NOTE: A copy of the ICC certification must be submitted along with the completed application

6. Alternative and/or Manufacturer Certification

Complete the following table if either of the following apply: 1) the applicant is seeking an Alternative Certification as provided for under R18-12-805; or 2) if required by the manufacturer, the applicant holds a manufacturer's certification for the use of a piece of equipment or methodology, as described under R18-12-804(2). If space is insufficient, please provide the additional information on an attached sheet of paper.

NOTE: Copies of each manufacturer's certification must be submitted along with the completed application

Manufacturer	Equipment or Methodology	Training Location	Dates Attended	By Exam Yes/No

7. Have you Attached?

A Copy of the ICC Certification (if required)

Copies of each manufacturer's certification listed in 6 (if applicable)

Two, 1 inch by 1 inch color portraits (photographs)

8. Certification		
I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents and that the submitted information is true, accurate and complete. I understand that any false or misleading information may result in failure to obtain certification or the subsequent revocation of my certification.		
Full Name (print)	Signature	Date Signed

9. Notary

State of _____
(_____ County)

Subscribed and sworn before Me this _____ day of _____, 20_____.

Notary Public:

My Commission Expires:

(SEAL)